KANSAS MEDICAL JOURNAL.

VOL. VII. TOPEKA, KANSAS, SATURDAY, DECEMBER 7, 1895. No. 49.

ORIGINAL ARTICLE.

Address.

BY R. S. MAGEE, M.D., TOPEKA.

Read before the Topeka Academy of Medicine and Surgery at Its November Meeting.

Science and invention are the twin sisters of civilization, and both lend their influence to the advancement of the progress in medicine.

All of the states and territories except two (Georgia and Arkansas) require the teaching of the laws of health to all school children, beginning with the youngest.

New ideas must be first written, spoken for and against, agitated in every conceivable way before they are adopted.

No doubt you all remember the heated school-house discussions in days gone by on the temperance question, or some railroad bond issue.

Legislation always follows the individual progress of a community or state.

Kansas will never have a medical law, which will be of any real practical benefit, until the people come to realize that such a law is a necessity and of seeming benefit to them.

Selfishness and personal interest is often a stumbling block to many a worthy enterprise.

I am firmly of the belief, that the higher standard of medical education which has been adopted by the medical colleges of our land today, has done and will do more to promote a friendly sentiment among the general public, toward the attainment of medical legal enactments, than any other one thing.

The surest and most effective method of stamping out quackery is by skill.

Ethics alone will not do it. Ethics too often cover up insufficient knowledge and disqualification, and when these finally come to light and are exposed, as they most surely will, the individual, unworthy to be called by the name physician, becomes a public object of ludicrousness, and afterwards contempt, as he should.

This always humiliates the profession, and usually a reproach at least by a great many people, by saying, "Yes, the doctors are all alike." You have all heard it.

The way to overcome this difficulty, in a large measure, is to present an educational bar at the very threshold over which aspiring applicants must pass satisfactorily. This will weed out a large per cent from the ranks.

Lengthen the terms and requirements for graduation, but never increase the fees. Money too often buys a short cut.

Courses of "one and two winters' lectures" have already filled the country with partially unprepared men. Some of these, it is true, have raised their proficiency by post graduate courses, and these schools have exerted a wonderful power on medicine.

The unprepared physician, endeavoring to cope with the quack and shyster, often times falls down—to his own chagrin—and always owing entirely to his lack of thoroughness and insufficient preparation.

The general public then, when such a spectacle is presented, classes them all together in the same category, and can see no just reason for legislating the one into power or the other out of existence and imposing a heavy fine upon him if he ever bobs up again.

The way to purify art is by purifying the artist.

We can never secure legislative enactments nor advance the science of medicine when such a condition of things exist.

We must begin the reformation of medicine with the student.

It is hard to teach an old horse new tricks, it has been well said. The fathers of medicine who are now in the field will in a measure have to be let alone.

But the students of medicine of today are the future fathers of medicine, and here is the place to begin thoroughness.

And I am sure there are better things in store for us.

The trend of civilization and progress is ever upward and onward.

Anglo-Saxon blood is a royal blood.

Let me make a prediction, if you will permit me. I will say that instead of the students of the world, medical or otherwise, perusing German or Latin text-books in the search of scientific knowledge, in the future, they will use only American text-books as guides.

For today, we find the English language is the language of well nigh one-half of the world's progressive peoples.

More than half of the literature relating to discovery and invention belongs to us.

In works of science we are in the front ranks. The greatest empire and the foremost republic of the globe are English speaking nations.

That the heart beats with more force and the blood holds in solution more hæmoglobin and circulates with more rapidity is my diagnosis of the condition of our American nation as compared with other nations of the world.

Then if this be true, why then should we not expect large things of her language and peoples.

The amusements which engage the pastime of a nation, when correctly studied give us a clue to the health of that nation.

Ancient Rome today carries the load of the bloodthirsty exhibitions of her arena.

Spain, with its bull fights and wanton pageantry, and London, with its weird music halls and variety theaters, are all significant of the degradation into which a nation may sink.

To one of our states, however, which has usually been placed low in the category of morals, is ascribed the fame and honor of convening a session of the Legislature to forbid a couple of fiendish prize-fighters to bruise one another within its borders.

This is a thing never before heard of and is without a precedent.

It shows the kind of backbone out of which these United States are composed and the healthy spinal cord of this individual state, and whose vivid reflexes have been distinctly felt and seen in many sister states quite recently.

I mention these things for the reason that we, as physicians, should be alive to all measures of reform and assist in promoting them. Our influence should always be for reform.

What the world is looking for today is not the "new woman" alone, but the "new man" as well.

The coming new man must keep in pace with the higher order of development—he must be abreast.

Let us each one ask ourselves the question, "Are we cognizant of the higher civilization?"

Are your eyes open to the fact the progressive man is the successful physician of the future?

Science is not a dead thing, but is a live, active, *active* being—like the Amœba, exists, grows and reproduces itself without our aid—if we fail to keep up, it leaves us.

I need not tell you of the advancement in medicine today—words would fail me—only to impress you still more forcibly than ever before, that it is electrically advancing.

When success flashes on our pathway is it not because we do the right thing at the right time and in the right place?

Ah! Can I not also say is it not often, yes, too often, the case that our failures are due to our not knowing?

Are we not then responsible? Or do we not try to cover up our mistakes by drawing in to it a fellow practitioner, who nods his

head at the appropriate time and place as we dictate, for it's our game.

Further, we do not try to hide our insufficiency by ascribing to the condition difficulties which will be sure to seem insurmountable?

If such facts exist and, my friends, you know that they do, does the science of medicine not demand investigation?

Is it not necessary that hourly and daily research and study be instituted to seek progress and further advancement.

It does seem to me that no physician can afford to be or to do without a complete record of all his work.

These records will in time constitute a great part of our capital stock.

He should be called on for a summary of his cases—classifying them into—First, surgical; second, medical. Then under classification again should be made into contagious and non-contagious, and these again subdivided, giving the full line of treatment, dieting and personal care and observations of any new methods of procedure or experimentation instituted in a particular disease.

Large blanks arranged for such classification should be issued by State Board of Health to every practitioner for these varied diseases and every physician should be compelled under penalty of law and for reasonable compensation to make such annual or semi-annual report.

A secretary whose business it is to compile these reports should himself be a medical man of rich experience, and his report, which would embrace the substance of all these blanks, would be a compilation of statistics and valuable information which would be reliable and trustworthy.

Each year would then bear record for itself and would be the ground-work for study, and from year to year new suggestions for improvement would be added.

These reports, coming as they would from all over the country, would be intensely interesting as to climatic influence.

What we want is more of the experience of the man in the field and less of the theoretical practice.

Physicians of this State as the law now is, are not required to report births occuring in their practice, and the law is also exceedingly lax as to deaths and contagious diseases.

Where part of the physicians report, the records must necessarily be incomplete, and such records are worthless.

The accurate registration of vital statistics is of such acknowledged value in all well-governed communities, that it has long since ceased to be a question whether it is necessary to keep such registration.

It is to be hoped that our legislature will soon enact some law concerning the registration of such vital statistics.

Our agricultural interests are closely watched to the almost exact number of bushels, herds and heads of cattle—but can we expect men who do not appreciate the value of such facts to give us such a law?

If we want it we must urge it.

I hope that the Topeka Academy of Medicine and Surgery, next summer or fall, or now would be a good time to begin—will take the initiative in securing the introduction of a bill that when it becomes a law will seek to provide the profession with reliable and at the same time valuable medical statistics of our own State.

We rise by competition. Our axe is sharpened by coming in contact with our neighbors axe.

As we now are; do we know what our neighbor is doing? If we knew might it not be of benefit to us and to him as well?

In looking over the quarterly reports of the various county health officers to our State Secretary of the Health Board for the past year I find each report running along about as follows:

Number of cases of diphtheria	1
" " scarlet fever	4
" " measles	25
Number of deaths from diphtheria	4
" " scarlet fever	2
Total number number of deaths from all causes	25
Total number of births	27
" " marriages	42

Most prevailing disease, measles.

General sanitary condition, good; except jail, which is only fair.

Now such a report, which is all that the secretary is able to extract from the county health officer, is exceedingly meagre.

It is of value as far as it goes, but how much better it could be made with a few hours of time (or two or three days time once a quarter), and receive compensation for it. The report then would be of incalculable benefit to every practitioner.

As it is, the reports issued, are not read. You and I know why they are not read—simply because they contain much the same old stereotyped reports, of scarcely any value, save, the time-dried birth statistics.

The general public is looking for a panacea for all ills.

They sometimes come to the conclusion that they have found it in the flowing advertisement of a fakir; a christian science healer who will cure all your patients of (St. Vitus, blindness, deafness and paralysis, combined by the use of glasses and without medication).

But alas! they at times surely have found it a delusion, the work of a conceited brain, to grasp the contents of a hard-earned purse.

True medical science does not countenance these things. It shuns such false pretenders as the fruits of avarice and greed.

But will people learn? You would expect them to be, when once they had unloaded their wealth at the feet of these "miraculous cure-alls"—but when they returned home, found themselves no better, but irrecoverably—poorer; for there is no rebate in these fellows. They never issue rebate tickets.

We are reminded of the fact that during the past twenty-five years the average life of man has increased 10 per cent.

Also that diseases which were once considered fatal are now controlled, apparently with ease.

Smallpox, with its antagonist, vaccine; diphtheria, with its deadly enemy, antitoxine; and hydrophobia, with its Pasteurian antidote, are in the field and no one questions the practicability and apparent good results that such lines of treatment seem to effect.

What we need is accurate and unbiased reports from practitioners who are daily using these remedies, and reports which are free from the tint and color of wholesale medicine manufacturing establishments.

This is one of the reasons why the profession is so slow to adopt new preparations—they cannot believe all of the statements made in the multitudinous and voluminous printed matter which they receive under penny postage almost daily.

They prefer to hold on to the old and time-tried remedies which have done them faithful service, aud are too conscientious to risk the lives of their patients on an experiment.

There is no fact without an attendant fallacy—no truth without a myth.

The popularity of a song can best be judged by its accompanying parodies.

Certain pathological changes were once noticed in the blood, and thus followed the prctice of removing large quantities of the red liquid in the hope of eradicating the disease. Can you imagine anything more absurd? But wait—don't be too hasty to condemn.

About the same time an especial antipathy to the alimentary tract appears to have existed, and the army of physicians storm the gastric citadel with lance, emetics and cathartics.

Later, however, the diseases were found to be accompanied by certain germs—and what a flood of germicides, aseptics and antiseptics have followed.

At present, glandular extracts and serum therapy is the apex of professional wisdom.

How long will such continue, or what will come next?

The surgeon has his myth and single dependence fallacy.

The therapist pins his hopes on the amount of medicine he can get on the inside of his patient in a given time.

Are we not single-idead creatures, continually riding a "hobby" or a "wheel."

Whatever the student's exalted ideas of human nature or of society may be, a few years of general practice soon displaces his delusion.

He soon sees humanity as it really is—it wipes out personality.

Medicine soon teaches him that he is only an average unit and only worthy the respect and love of his fellows in that he is capable of doing good to others.

This levelling doctrine that finds no individual mentally, morally or physically perfect, yet finds some good seed in every one, has brought the members of the medical profession into closer sympathy with the people, and because of this we frequently find medical men prominent in public enterprises and reforms.

Four medical men were signers of the Declaration of Independence.

The teachings of medicine encourage independence of thought and action.

The doctor is seldom a beggar. Gladstone has said that during his long experience in public affairs he had hardly known the medical profession to ask assistance from the public treasury.

Of the one hundred and fifty medical colleges in the United States and Canada, only about *ten* receive assistance from the public treasury, and but very few have endowments.

Nearly all of these secured their funds from some one out of gratitude to some member of the faculty of the institution.

Medical colleges have no rules or regulations of action. Every student is supposed to have reached the age of discretion and to have come there for business.

All the way through the physician learns by experience to depend on his own merits and resources.

He must be deliberate and calm.

He must act on his own judgment, even if he does not have the support and sympathy of the lookers-on.

If the results are good, he is praised. If the opposite, he is cursed. He must have danger. The medical man who seeks safety for himself by flight from infection has proven himself a coward to his profession and unworthy of trust.

The feeling of obligation to save life and to prevent pain and distress without thought of personal comfort, and often without hope of reward, takes the physician out in the storm at all hours and into many trying emergencies.

To you, as fellow practitioners, who have honored me with the position of the Presidency of the Topeka Academy of Medicine and Surgery, and which emblem of office I am about to convey to my successor, I urge you that your motto and mine may be to dig deeper into your investigations after the truth, and that you may give yourselves no rest, day or night, until you have reached to the bottom of every fact, new or old, which comes before you.

May this society be a practical society, one of thoroughness and full of love for this, the noblest of all professions.

It is the successes that bring honor and renown to our profession.

Failures bring shame and reproach—but may they always stimulate us to strive harder and dig deeper, and never to despair.

Eight Hundred Pages for $1.

In 1896 the *Tri-State Medical Journal*, an illustrated monthly medical magazine, will give its subscribers 800 pages of select medical literature for one dollar. Clubbed with the KANSAS MEDICAL JOURNAL for $1.80. Address *Tri-State Medical Journal*, 3509 Franklin avenue, St. Louis, Mo.

WANTED—A young physician who is a graduate of pharmacy or can register and can loan employer seven hundred and fifty dollars ($750) for six months. Note secured by drug stock. Steady job with good salary. Address "Pedra," care KANSAS MEDICAL JOURNAL.

THE use of general anesthetics in the removal of adenoid vegetation is advised against by Dr. Larsen of Denmark.

Kansas Medical Journal.

PUBLISHED WEEKLY

BY THE MEDICAL PUBLISHING COMPANY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
631 Kansas Avenue.

W. E. McVEY, B.S., M.D., EDITOR.

COLLABORATORS:

J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.
W. S. LINDSAY, M.D., Topeka, Kas.
JOS. B. CONNELL, B.S., LL.B., M.D., Kansas City, Mo.

Topeka, Kansas, Saturday, Dec. 7, 1895.

Fees for Insurance Examination.

Most of the old line insurance companies are reducing their examination fees to $3. Naturally, there are objections, but there is no doubt but they will find plenty of examiners to fill any vacancies that may occur from the cut in price.

It is an established fact that there are a great many physicians, good ones too, greedy for insurance examinations at $5 per head, willing to do them for $3. Won't refuse them at $1, and if urged will accept them at 50 cents.

Of course this is the fault of the physicians and no one can blame an insurance company for cutting down expenses where it is so easily done.

But there is another side to this question that both parties will do well to consider. A certain price has been paid for a certain amount of work, and the price being a good fair compensation it is safe to say the work has, in most instances, been carefully and conscientiously performed. It is not an absolute certainty that the price being lowered and the work required remaining the same, the same careful and conscientious attention to details will be observed. In most examinations for life insurance the examiner is expected to give his professional opinion of the applicant. This opinion is supposed to be made up from what he knows or may observe, independent of the question blank. He is paid for examining the applicant according to the questions laid down, but he is not paid for his professional opinion of the case. Many times there are points observed by an examiner which are not touched upon by the question blank, points which very materially effect the risk and which make the opinion of the examiner worth a good round fee. The question to determine is whether he shall give his opinion as a bonus in the contract or shall he withhold what he observes for himself and report only such facts as are asked for. If he does not do the latter because his reputation is at stake and he must make a consciencious report on every applicant without regard to terms of the contract, but in justice to his professional brother he should refuse a contract which recognizes nothing of the value of an opinion upon which is based entirely outcome of the business.

Dissecting Wounds.

We have noted numerous treatments for dissecting wounds, but one which we have found most efficient is very simple. The wound should be washed and covered with a thick coating of sulphate of quinine and dressed with bandage or adhesive plaster. The soreness and redness soon disappear and if there are symptoms of glandular involvement they soon disappear.

The Treatment of Asthma in Children.

Perier (*Journal de Medicine de Paris*, in *Therapeutic Gazette*), gives the following directions for the treatment of this condition in children:

I. During the simple asthmatic crisis.

1. Open the windows and give the patient air, without, however, producing a draught, and apply mustard poultices and plasters to the limbs.

2. If the windows cannot be opened, and if the poultices do not produce the desired result, fumigate with datura, nitrate-paper, or pour out some drops of pyridine, of ether, of iodide of ethyl (in the case of older children) in the neighborhood of the child, upon a handkerchief or in a saucer. The author has often helped a patient who was obliged to live in an overheated atmosphere by placing over an alcohol-lamp and keeping constantly boiling, a large dish of water containing leaves of eucalyptus.

3. Give the following potion every quarter of an hour in dessertspoonful doses:

℞

Tr. belladonnæ,	gtt. v to x
Tr. grindeliæ,	gtt. x to xx
Tr. lobeliæ,	gtt. xx to xxx
Syr. ætheris,	ʒ iiss to ʒ v
Syr. aurantii florum,	ʒ v
Aquae calcis,	ʒ ij, ʒ viss.

4. If there is no improvement give a dose of antiyyrin proportionate to the age of the child (1½ grains for each year of age [?]) in sweetened water.

II. In crises accompanied by acute bronchitis or pulmonary congestion.

1. Cover the chest with mustard cataplasms or dry cuppings.

2. Fumigations and inhalations, as in the foregoing case.

3. Every quarter of an hour a tea, or dessertspoonful of the following:

℞

Tr. belladonnæ,	gtt. v to x
Syr. ipecacuanhæ,	
Syr. ætheris,	
Syr. codeinæ, of each	ʒ iiss
Syr. aurantii florum,	f ʒ ij
Liquor, calcis,	f ʒ ij.

III. In simple spasmodic asthma outside of the crises.

1. Give before lunch and dinner a tea- or dessertspoonful of the following for fifteen days:

℞

Potass, iodide,	ʒj to ʒ iss
Syr. tolutani,	
Syr. aurantii, of each	f ʒ iij.

2. During the next fifteen days a teaspoonful of the following before lunch and dinner:

℞

Sodii arsenatis,	gr. 5-6
Aquæ destillatæ,	f ʒ viss.

To be taken in a little malt extract or bitter beer.

3. Two days of the week suspend the treatment and give a teaspoonful of the folfowing laxative:

℞

Sulphur, sublimat.,	
Potassii bitart.,	
Magnes, calc., of each	ʒ vx
Pulv. anis.,	ʒ ss

4. A simple diet, from which are excluded spiced and highly-seasoned meats, fish, etc.

5. Frictions each morning over the whole body with flannel or hair gloves.

6. Exercise as much as possible in the open air.

7. The summer spent in high altitudes.

IV. Asthma with chronic bronchitis and emphysema.

1. Treatment as given above, with the addition of the following:

2. Every morning for fifteen days a quarter of a glass of Labrassere water in hot milk.

3. During the next fifteen days a dessertspoonful of the following in milk:

℞

Calcii iodidi,	ʒj to ʒ iiss
Syr. tolutani,	
Syr. capillorum, of each	f ʒ iij
Syr. codeinæ,	f ʒj to f ʒ iss.

4. Every second day paint alternately the anteria and posterior aspects of the chest with tincture of iodine.

5. Baths of compressed air.

6. In summer a vacation in a region of medium altitude.

V. Asthma in malarial subjects.

1. General treatment as for Class III, with the insistence on the use of the arsenical formula for twenty days, to ten of the iodide.

2. During the period of incubation give twice daily of quinine hydrochloro-sulphate, 2 to 5 grains, in capsules or suppositories, or as follows:

℞

Quininæ hydrochloro-sulphatis,	gr. iij to vj
Syrup. rubi. idæi,	f ℥ j
Aq. dest.,	f ℥ ij.

SIG.—A dessertspoonful every hour and the measures additional as employed in I.

VI. Hay fever.

1. During the oncoming of the attack introduced into the nares absorbent cotton saturated with the following:

℞

Cocaine hydrochlor.,	gr. viiss
Cherry-laurel water,	℥ iiss.

2. Give the following:

℞

Antipyrin	Gr. viiss to xv
Syr. aurantii, Aq. destillatæ, of each	℥ iss.

SIG.—A dessertspoonful every half-hour.

Or quinine may be given as above.

3. Send the child to the mountains or to the sea.

4. Look carefully for the cause,—gout, neuritis, hypertrophic rhinitis.

WANTED—A young physician who can register as a pharmacist to go to a thriving southwestern town. Good salary and steady position to right man. Address E. T. O., care KANSAS MEDICAL JOURNAL.

Alcoholism and Heredity in Relation to Medical Examinations for Life Insurance

Dr. John L. Davis before the American Medical Association.

There is perhaps no need of reminding physicians of the disastrous results of excessive drinking. But the practical effects of alcoholism come with such striking force in the death losses of insurance companies that a few words to the examiner on this matter will not be amiss. There is no other topic of inquiry in the examination which calls for as great skill on the examiner's part as does this question. Applicants often are apparently unaware of the amount of alcohol they are ingesting; the most detailed and careful inquiry is therefore needed to get the facts. A person who drinks and inherits the taste for liquor is not safely insurable.

A difficult question is, to what extent can a man drink without shortening his life? It is an undisputable fact, as has been proved by the experience especially of foreign companies, that total abstainers, other things equal, are the most desirable risks. It must be remembered, however, that abstainers who have formerly been hard drinkers and are "reformed" are not first-class risks; with them there remains the damage done the organs by alcohol as well as the possibility of a return to the old habit.

It has been shown by Anstie that when an ounce and a half of alcohol or less is taken in twenty-four hours it is not found in the excretions. If, however, more than this amount is taken, the excess is eliminated as alcohol, showing that whatever may be the effect of an ounce and a half, more than this amount is excessive and cannot be appropriated by the tissues. Even a less amount may be dangerous, if occupation or surroundings favor a stronger habit. The form in which alcohol is ingested is an important consideration. The stronger drinks, as whisky and brandy, are usually the more dangerous; this is certainly the case when taken on an empty stomach. Furthermore,

the regular drinking of a moderate amount is often not as serious as the occasional ingestion of a greater amount with a period of abstinence following, to be again followed in a few days by another round of free drinking. Examiners should, therefore, clearly state the manner of drinking, whether regular or occasional, as well as the approximate amount and kind of drinks used.

Free drinking leads directly to disease of the liver, kidneys and heart inflammation, hypertrophy, fatty degeneration, etc. All organs and tissues are weakened and the free drinker is less able to resist any intercurrent disease which he contracts. He is more liable to accident, to suicide, or other violent death, and in every way is an undesirable risk. These are the dangers beyond the limit indicated. But, undoubtedly, for many men the danger line is below the figures given by Anstie.

The importance of searching inquiry into this habit is evident. No company wants heavy drinkers, whether the habit is regular or only occasional and, as a rule, the less a man drinks the more favorably is he regarded by insurance companies. Examiners are, therefore, urged to investigate this question most thoroughly in every applicant examined, remembering that among drinkers we will accept only the most moderate, and even these are regarded with disfavor.

A few words on the family history with its bearing upon the risk is next in order; for the character of the risk is affected more or less by the mortality and morbility of the family history. In some cases the applicant in feature and physique bears a striking resemblance to father or mother, sometimes to a more remote relative. Often, however, the resemblance is not clear or appears to be blended. Where there is close physical resemblance we may assume a corresponding similarity in internal organs and tissues and the inference is reasonable that diseases and tissue changes will affect such persons approximately in the same way. In this assumption we have the basis for the important part which heridity plays in life insurance. Many diseases are recognized as heriditary, though when transmitted they may appear in a form or manifestation different from that experienced by the ancestor. For instance, many authentic cases are recorded illustrating the interchangeability of consumption, cancer and scrofula. In other words, heriditary transmission is not always characterized by the specific germ of the disease, but rather by a tissue weakness or susceptibility manifested by some allied pathologic condition. Diseases recognized as heriditary in the sense described are consumption, cancer, scrofula, syphilis, insanity, alcoholism, epilepsy, gout, rheumatism, diabetes, and Bright's disease.

Some of these diseases are so commonly recognized as hereditary that occasionally applicants are on their guard when there is a family taint, and will make every effort to conceal such instances in their report, knowing how seriously the true facts would impair the risk. Often, therefore, such innocent terms as "malaria," "typhoid fever," or even "old age" (perhaps suspiciously premature) are reported as causes of death, where the actual cause was consumption or cancer. Great pains are usually taken by the applicant to show that every case of consumption in his family is acquired—not hereditary. Sometimes an assumed ignorance will report "Don't know" as a cause of death, where the facts positively indicate transmissible disease. Experienced examiners are familiar with all such subterfuges, and know that these evasions or indefinite terms are unfortunate for the applicant and are regarded with suspicion by the company. The examiner, should, therefore, use every effort to get at the facts in such cases, basing his answer upon a full inquiry into symptoms, clinical history, etc. The same should be exercised when a member of the family is stated to be in "poor" or "moderate health;" the cause must be clearly indicated. Sometimes an eivdent effort is made to offset unfavorable features in the family history by attributing marvelous longevity to grandparents and other far-off ancestors.

It may not be necessary to caution examiners against relying too implicitly upon statements made about remote ancestors, unless a reliable family record is at hand. Many persons of middle age cannot give trustworthy information about their grandparents.

Chlorine and Quinine Treatment of Typhoid Fever.

E. King, M.D., in Medical News.

The author believes that of the various approved methods of treating typhoid fever, that having antisepsis for its basis is the most rational one; for in this disease the alimentary canal is a hotbed of bacterial organisms, which are continually producing ptomaines and toxalbumins.

Thus, with a view to restricting as much as possible the growth of the bacteria, Dr. K. has employed the chlorine-and-quinine solution, as originated by J. Burney Yeo, in twenty-three cases of typhoid fever, without a single death or serious complication.

The main points, he says, in selecting an antiseptic is to get a substance that is readily soluble, very diffusible, easily absorbed, a powerful antiseptic, and which in accidental overdoses will cause no harm. The substance that best combines these advantages, he believes to be chlorine, which also stimulates the glands, thus aiding elimination.

In beginning the treatment of a case of typhoid fever if the state of the fever does not need immediate attention, Dr. K. orders a purge, giving 1 grn. (0.06 gme.) of calomel and 2 grn. (0.13 gme.) sodium bicarbonate every hour until the desired result is secured, the object being to remove fecal masses and all fermenting substances. The beneficial effect of the purge is usually shown by a drop in the temperature and a lessening of the abdominal tenderness. He then administers the chlorine-and-quinine solution, which is prepared in the following manner: Into a 12-oz, bottle are put 30 grn. of potassium chlorate, and to this 60 min. of strong hydrochloric acid added; a brownish-yellow gas is given off, and when the bottle is nearly filled with it a small quantity of water is added, the bottle thoroughly shaken, and the addition of water and the shaking repeated until the bottle is filled. The quinine, usually 12 grn., is now added. Syrup may be added in place of some of the water, to improve the taste, though the author finds this unnecessary; for after taking the medicine for a few days patients do not seriously object to the bitter taste. The quinine is added for its general antiseptic and tonic properties; its physiologic action is not desired. It may be omitted if, for any reason, contra-indicated.

The dose of the finished solution for an adult is a tablespoonful in a half a tumbler of water every two hours. The quantity may be increased or decreased as necessary to make the stools smell strongly of chlorine, to insure its thorough action on the intestinal coats and contents. The mouth should be rinsed after the medicine is taken to prevent injury to the teeth.

The author continues the administration of the medicine until the temperature has been normal for four or five days.

In comparing the histories of twelve cases treated with sponge baths and other cold applications, antipyretics, salol, turpentine, etc., with those treated by the method above described, the author finds the following points in favor of the latter: The temperature is appreciably lowered. It seldom rises above 102.6 deg. F. (39.2 deg. C.) after the medicine has been administered for two days. There is an almost entire absence of nervous symptoms. The so-called typhoid condition does not develop. The patient is usually able to get considerable sleep, and the headache soon disappears. The general condition of the alimentary canal is much better. The foul tongue clears to some extent, so that it may even lose its peculiar character; the stomach retains nourishment better; diarrhea is seldom severe, and tympanites does not develop except over a limited area in the right inguinal region. The duration of the disease is distinctly shortened and convalescence is more rapid. Many cases will show a normal temperature by the eighteenth

day, few going on to the twenty-fourth. Complications are fewer and the mortality is greatly lessened. In none of the author's cases did any serious complication make its appearance.

As regards food, Dr. K. recommends a milk diet. To make milk easier of digestion it should be diluted with water, and drank only in small quantities at a time. When milk disagrees, buttermilk or ice cream should be substituted. Homemade beef tea and thin gruels and soups must at times be given, he says, as all milk preparations may disagree. He also permits the use of fruit juices, as of the lemon and the orange, and also tea or coffee.

Of great importance in the treatment of typhoid fever is considered the internal use of water. The author always allows the patient to have all he wants; in fact, the more he drinks the better the author likes it. The internal use of water tends to lower temperature, increases elimination, and decreases nervousness.

Whenever the temperature rises above 103 deg. F. (39 4 deg. C.), which is seldom the case, he orders a cold pack, or sponging of the abdomen and chest, and cold applications to the head.

In cases of hyperpyrexia, when dangerous symptoms are present, the author does not hesitate to use the cold bath.

In the so-called typhoid condition he has obtained great service from the use of good brandy, ether, strychnine, and atropine, and also from rectal injection of tincture of asafetida.

The mouth and tongue, which are generally in a bad condition, he washes frequently with an antiseptic solution, such as Dobell's, and finds it grateful to the patient.

Diarrhea he treats with withholding excessive quantities of food, and by the use of such remedies as bismuth salicylate, opium, etc. Overfeeding is, he believes, largely responsible for tympanites. Oil of turpentine and oil of anise will usually relieve the distention.

In conclusion, the author states that in his hands the chlorine-and-quinine treatment has given better results than the Brand, or cold bath, treatment; and that, besides, the former is much more pleasant and convenient of application.

A Community Without Vaccination.

Journal of the American Medical Association.

Dr. Kerr, writing from Rabat, on the westerly shore of Morocco, states some facts that will serve to remind the anti-vaccinationists of England of the condition of their own country before the grand discovery of Jenner. Smallpox makes fearful havoc among the Moors, with whom Dr. Kerr has lived seven years. During an epidemic at Rabat over one thousand persons died from that disease in the course of two months. Rabat is a town on the Atlantic seaboard of Morocco, having a population of 29,000. Of the condition of the town during the epidemic, Dr. Kerr writes the following:

"Often we felt it sickening when going through the streets to see young men and boys sitting at shop doors, flour mills, etc., covered with smallpox eruption, in every way facilitating the spread of the disease. Everyone thinks that it is impossible for him to escape smallpox, hence no precautions are taken. It is painfully sad to see so many people who have lost the sight of one eye, while many are blind altogether. One day not long ago I paid a passing visit to a douar, or a collection of tents, outside the city, and it was touching to see the mothers bring their children, asking me to put the medicine in their arms to prevent the infection. I vaccinated all the children in the village, and, although they were surrounded by smallpox, none took it."

These conditions, given by Dr. Kerr as to the Africa of to-day, are a simple repetition of what existed in Europe and England before Jenner's great boon to mankind was made possible.

THE Kaw Pharmacal Co. have some samples of Guaiacoline that they would like to send you.

Report of a Case of Diphtheria Showing the Short Period of Immunity Produced by Antitoxine.

F. E. Waxham, M. D., in Chicago Medical Recorder.

Does antitoxine produce immunity to diphtheria? If so, how long does such immunity last? As bearing upon these important questions the following case may not be uninteresting. I beg to report it, for it is only by an accumulation of such cases that positive deductions can be drawn.

July 2, 1895, I was called, through the courtesy of Dr. Durbin, to perform intubation upon a boy of four years, and learned the following history: The patient, when seen by the doctor the day before, presented well-marked symptoms of diphtheria. Membrane covered the tonsils and respiration was so impeded as to clearly indicate an invasion of the larynx. These symptoms gradually increased, and respiration became so difficult as to require an operation without delay. Intubation was performed and 10 c. c. Behring's antitoxine No. 2 given hypodermically. A culture from the throat proved the case to be one of true diphtheria.

Soon after leaving the patient the intubation tube was expelled. Recurrent and urgent dyspnea required the prompt introduction of a larger tube. This tube was expelled on the fourth day, when its presence became no longer necessary. The membrane covering the fauces disappeared in the course of two days after the antitoxine, and the temperature became normal, although the pulse remained somewhat rapid and weak, and the boy made a slow convalescence, remaining unusually weak and feeble for two weeks and subject to sinking spells whenever getting excited. On July 11, Dr. Durbin discharged the patient. On July 24, the health department made a bacteriological examination demonstrating the presence of bacilli still in the throat. On July 36, Dr. Durbin was again called in attendance and discovered membrane covering the fauces and which was not present at the time the examination was made by the health department. The membrane persisted for a week and gradually disappeared under ordinary treatment.

During the secondary attack or relapse the patient seemed to suffer but little inconvenience, the attack being mild. The action of antitoxine is as yet hardly understood. If it, as many believe, neutralizes the toxines of diphtheria we can readily see that the immunity produced by antitoxine would naturally be of longer duration than in a severe one and when used as a prophylactic for the same reason should produce a longer period of immunity than when used as a curative agent.

While I believe that antitoxine exerts a favorable influence in most cases of diphtheria and that we can save many more cases with than without it, yet in this case, while its action seemed favorable, yet the immunity produced was certainly of very short duration.

Sensationalism vs. Sanitation.

Florida Health Notes.

The dread of punishment seems to the ordinary human being a more immediate persuasive to rectitude of conduct than any promised hope of reward. The apprehension of eternal punishment deters men and women from the violation of the demands of the decalogue more often, perhaps, than the hope of pleasure, or of blessings, which a heavenly reward will bestow. In the physical world the individual hesitates to indulge appetite and passion where there is possibility of instant punishment by sickness and pain following such indiscretion, and thus the lash of fear is being constantly plied in all phases of life to keep the human family from wrong-doing, either morally or physically. The *Notes* does not intend to enter into a homily of the moral development of mankind, nor to discuss, at any time, the moral side of the question, except so far as sanitation affects morality, but would invite attention to the baneful influence of fear, abnormally stimulated, upon

the comfort, health and happiness of the human family.

The attainment of profitable results in sanitation is more pleasant when reached through intelligent reading and educational processes than by fright or through a blind following of a popular fallacy or prejudice. The State Board of Health of Florida has ever sought to encourage hygienic living for the happiness and prosperity which health brings, and has never ceased to deprecate apathy or indifference to the requirements of nature's laws, because, sooner or later, neglect begets sickness and misery. But the board, at the same time, discourages sensational appeals to the timid, and spasmodic efforts at reform.

Sensational sanitation is but one of the many attractions of modern journalism, which, in catering to a morbid propensity, seeks to gratify an appetite for news by magnifying circumstances, slight in themselves, into evils of momentous consequences. A fragment of truth is magnified into a dangerous condition, and that which has but slight significance appears of serious moment. During the past month, at various times, the public has learned, through the press dispatches from Washington, of the frightful condition of health matters in Cuba, and the anxiety of the national health authorities concerning the state of health prevailing on the island. Unfortunately for Florida, these press notices, due to the nearness of the Island of Cuba, have directed more than usual attention this year to the State as being a possible starting point of an epidemic of yellow fever through Cuban refugees or deserters from the Spanish ranks landing on the Florida coast. This is a contingence, however, about as remote as the introduction of cholera would be from the East, for the reason that Cuban refugees immune to yellow fever in their persons, or Spanish deserters would be unable to import *fomites* by baggage owing to the restricted means of escape from the island, and like a second attack of yellow fever—one in 9,000—the contingency is not worth considering. But the opportunity of the Cuban insurrection has not been lost to the friendly correspondent and interviewer to make mention and give universal information of the commendable zeal and enthusiasm of the national health officials in quarantine work off the coast of Florida.

It is to be regretted that in order to give prominence to the revenue cutter patrol system, it should have been stated that an outbreak of yellow fever in the South was of yearly occurrence, to prevent which the patrol system was inaugurated by revenue cutters cruising at short distances and launches manned by a medical officer, with ample outfit of field medical service, to seize upon yellow fever suspects ere they land upon an uninhabited part of the coast, and in tent hospitals stamp out the disease. The correspondent, to have completely reached his imaginative flight, should have added "and the patients also," for yellow fever patients, so treated in summer, on the coast, would most likely die. These statements may be characterized as sensational when broadly disseminated over the wires of the Associated Press, and have done great injury to the cause of sanitation and to the interests of the State of Florida. It has frightened the public where there was no cause for fear, and although the authority for such meaningless information has, we are glad to state, been denied at the government bureau, yet the impress has been felt in the state, and a sudden death or severe illness anywhere tends to an alarm which is unreasonable and which has not been witnessed since 1888. On account of these several alarming notices many citizens of Florida began to think that this year was a fated one for the State, and, on account of the insurgent movement, in Cuba, Florida would of necessity be visited by the dreaded scourge of the Antilles. The fact is that there has been less yellow fever in Havana, up to a month ago, than for several years past, and it is predicted that there will be no serious outburst among the Spanish troops, *unless* the army is recalled from the country to the garrisons of the sea-coast. Another fact worthy of consideration, which

lessens to a great degree the danger of importation of yellow fever to this country from Cuba this year, is that the insurrection has already caused a great depression in business there, which has shown itself in a decided lessening of commercial intercourse with the United States.

The *Notes*, while urging upon the citizens of Florida to disregard sensational press articles relating to health matters, which only tend to unnecessarily alarm and excite the nervously constituted, would encourage and inspire, nevertheless, a self-reliance in each individual's ability to avoid many evils which tend to act unpleasantly, if not disastrously, upon health, by paying strict attention to personal hygiene and sanitation in the household, leaving, with perfect confidence, the general public health matters of the State to the appointed State health authority, whose duty and pleasure it is to direct and manage on behalf of all.

Dissecting Wounds.

Medical Bulletin.

In a paper read before the Medical Society of Virginia, Dr. J. McFadden Gaston, of Atlanta, Ga., said: The indications at the outset, when there is local irritation at the point of injury, is to incise the affected part and cauterize with carbolic acid, applying to the adjacent area an ointment containing equal parts of the following:

℞ Ung. hydrarg.,
Ung. iodi compos.,
Ung. camph.,
Ung. bellad.

A poultice of flaxseed-meal may cover the inflamed structures, and renewed frequently to keep up heat and moisture.

A Pharmaceutical Triumph.

There is probably no laxative or cathartic in the materia medica which is more widely known and more generally used, especially as a home remedy, than castor oil.

Its only objection has been its taste. Now, however, even this has been removed, and we have "a pleasant castor oil."

Laxol is pure castor oil sweetened with benzoic sulphinide and flavored with oil of peppermint.

By referring to our advertising pages the readers of this journal will learn how they can procure samples and literature without expense.

Laxol is used throughout many of the best hospitals in the East, where it has been known for some time.

Case II.

The Mercer Chemical Co.:

MACON, GA., June 22, 1895.—Gentlemen: It gives me great pleasure to attest the efficacy of your aphrodisiac preparation, Pill Vita. I have tested its merits now in seven cases and have never found it necessary to administer more than two bottles to the most obstinate case. I regard it without a peer for what it is claimed. Yours truly.

R. L. SMITH, M.D.

DEATHS from chloroform neurosis are twice as frequent as those from ether; showing that ether is much the safer anesthetic. Deaths from the after effects of ether, such as pneumonia and bronchitis are more common than from chloroform and should be classed as deaths from ether anesthetics. Ether is particularly dangerous in laparotomy.

WANTED—To exchange Reference Hand Book, as good as new, for Oculist's Trial Case in good condition. Address this office.

Dr. PROBEN reports a movable spleen in an infant thirteen months old, caused by malarial enlargement.

CARCINOMA is on the increase.